

MISSOURI BOARD OF PHARMACY NEWSLETTER



AUGUST 2017

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NEW BOARD OFFICERS



Christian Tadrus, PharmD. was elected President of the Board in July 2017. President Tadrus is an owner of independent, community-based pharmacies in Missouri providing general prescription services, compounding, long-term care services, hearing aids and other durable medical equipment. He received his undergraduate degree

in Business Administration and Management from Boston University and both a Bachelor of Science and a Doctor of Pharmacy from the St. Louis College of Pharmacy. He is a lead developer of the Missouri Pharmacists Care Network - a pharmacist-led, provider network facilitating adoption of innovative pharmacist care models throughout Missouri.

Dr. Tadrus is certified to provide immunizations as well as medication therapy management, is credentialed to enter into advanced practice protocols and is a nationally-certified Asthma Educator. Dr. Tadrus previously served as an Adjunct Clinical Instructor for both the University of Missouri School of Pharmacy and the St. Louis College School of Pharmacy. He is a past-President of the Missouri Pharmacy Association, a vice-president of the National Community Pharmacy Association and an active member of other state and national pharmacy or industry organizations including the National Association of Boards of Pharmacy.



Board Member Douglas Lang, RPh., was also elected to serve as Board Vice-President. Vice-President Lang received his Bachelor of Science degree in 1981 from the Saint Louis College of Pharmacy. He holds a pharmacist license in Arkansas, Delaware, Louisiana, Missouri, Nebraska, and Pennsylvania.

Mr. Lang started his pharmacy career at Saint Louis University Medical Center serving as a staff pharmacist and Assistant Director of Pharmacy. He then practiced in home infusion pharmacy for over fifteen years and was the Pharmacy Manager of the BJC Home Infusion Program. Currently, Mr. Lang is the Vice President of Pharmacy Compliance for Express Scripts Inc., based in St. Louis, Missouri.



2017 LEGISLATIVE UPDATE

The 2017 legislative session has closed! A summary of key legislation that will impact pharmacy is provided below. This summary is not a comprehensive review of all new legislation. Licensees should independently review statutory changes to ensure compliance. Copies of the bills listed below are available on the Board's website:

*****UNLESS OTHERWISE NOTED, THE FOLLOWING LEGISLATION WILL BE EFFECTIVE ON AUGUST 28, 2017*****

IMMUNIZATION BY PROTOCOL (SB 501):

Section 338.010, RSMo, was revised in 2014 to provide that all vaccinations must comply with CDC guidelines. Effective August 28, 2017, this requirement is only applicable to vaccines administered by protocol. Vaccines administered by medical prescription order can once again be given in compliance with CDC or manufacturer guidelines.

EPINEPHRINE SALES (SB 501)

Section 196.990, RSMo, authorizes pharmacists to dispense epinephrine auto-injectors to an "authorized entity" based on a prescription issued by a Missouri licensed physician in the name of the authorized entity (e.g., Jefferson City Parks and Recreation). An "authorized entity" is defined as:

Any entity or organization at or in connection with which allergens capable of causing anaphylaxis may be present including, but not limited to, restaurants, recreation camps, youth sports leagues, amusement parks, and sports arenas.

This legislation is similar to current law for nurses and school districts. However, § 196.990 provides **only a Missouri licensed physician** may issue an epinephrine prescription to an authorized entity. The prescription may not be written by an advanced practice registered nurse or a physician assistant.

A prescription under § 196.990 would be valid for 12-months and may be refilled as needed unless otherwise restricted by the prescriber. Quantity limits are as prescribed. The prescription must be maintained and documented in the same manner as other non-controlled prescriptions.

Section 196.990.4 contains mandatory training requirements for "expected auto-injector users" who may be administering or providing epinephrine to the public on behalf of an authorized entity. The Board has been asked if these training requirements apply to pharmacists. It appears

the additional training is only required for users that acquire epinephrine auto-injectors "under a prescription issued in accordance with" § 196.990. Pharmacists dispensing epinephrine from the pharmacy's regular inventory would not need to complete additional training unless the medication was received based on a prescription issued to the pharmacy under § 196.990.

The Board has also been asked if pharmacists can provide the required training for auto-injector users. The statute provides:

Expected epinephrine auto-injector users [must] receive training in recognizing symptoms of severe allergic reactions including anaphylaxis and the use of epinephrine auto-injectors from a nationally recognized organization experienced in training laypersons in emergency health treatment or another entity or person approved by the department of health and senior services.

Licensees should contact the Department of Health for additional questions on qualifying training.

RX CARES FOR MISSOURI (SB 139)

Section 338.700, RSMo, authorizes the Board to create the Rx Cares for Missouri Program to promote medication safety and to prevent prescription drug abuse, misuse and diversion, in consultation with the Missouri Department of Health and Senior Services (DHSS). The Board looks forward to working with DHSS on this important initiative.

HOSPITAL PHARMACY (SB 50/SB 501)

Section 197.005, RSMo, was enacted which deems hospitals who are in compliance with Medicare conditions of participation to be in compliance with the standards for hospital licensure under sections 197.010 to 197.020, governing DHSS. The new law also preempts certain DHSS hospital licensure rules that duplicate or conflict with Medicare conditions of participation. The new provisions are effective July 1, 2018.

DHSS is in the process of reviewing the impact of the SB 50/SB 501 on hospital pharmacy. The Board will update licensees if DHSS provides additional information.

DRUG TAKE-BACK (SB 501)

The Board has been authorized to develop and fund a drug take-back program in cooperation with DHSS. The Board will consult with DHSS and update licensees once additional information is available.



NALOXONE DISPENSING BY STANDING ORDER (SB 501)

Effective August 28, 2017, Missouri licensed pharmacists now have two options for dispensing naloxone without a prescription:

- 1) Dispensing under protocol with a Missouri licensed physician, OR
- 2) Dispensing under a statewide standing order issued by the Missouri Department of Health and Senior Services.

Previously, licensees were only authorized to dispense naloxone without a prescription with a physician protocol.

Dr. Randall Williams, M.D., Director of the Missouri Department of Health and Senior Services (DHSS), has issued a statewide order that will be effective on August 28, 2017. "Naloxone is an important tool in combatting the opioid crisis that we see gripping Missouri and the nation," said Dr. Williams, "Pharmacists can play an important role in educating patients and saving lives."

The Department of Health **will publish the Standing Order on August 28, 2017** which will be posted on the [Board's website](#) at that time. To assist licensees, the following FAQ summarizes the new legislation and key provisions of the upcoming Standing Order: *Note: Visit the Naloxone Resource Center on the Board's website for information on dispensing naloxone by protocol.*

What Is A Standing Order?

A standing order is a prewritten medication order that authorizes healthcare practitioners to perform designated activities. DHSS Director, Dr. Randall Williams, M.D., has issued a standing order that allows Missouri licensed pharmacists to dispense or sell naloxone without a prescription subject to guidelines identified in the standing order.

How Is The New Standing Order Different From A Naloxone Protocol?

The DHSS standing order allows any Missouri licensed pharmacist to dispense naloxone without a prescription subject to the guidelines. Pharmacists do not have to sign or negotiate a separate contract. A Naloxone protocol is an individual agreement between a pharmacist and physician(s) that identifies specific guidelines for dispensing/selling naloxone without a prescription.

Who Can Participate In The Standing Order?

Any Missouri licensed pharmacist.

Do I Need Additional Training or Certification?

No additional training or certification is required. However, pharmacists should educate themselves on proper naloxone use and administration before dispensing. A variety of naloxone educational materials are available on the [Board's website](#), including, a [patient/caregiver brochure](#) and an [Opioid Overdose Prevention Toolkit](#).

Do I Have To Notify or Register With the Board or DHSS?

Effective August 28, 2017, any Missouri licensed pharmacist can operate under the standing order. Board or DHSS notification is not required.

Do I Still Need A Physician Protocol?

No. Pharmacists can now dispense naloxone without a prescription either by protocol OR under the standing order. A physician protocol isn't required for pharmacists participating in the DHSS standing order. However, pharmacists may voluntarily choose to have a protocol if desired.

Do I Need A Prescription To Dispense Naloxone Under the Standing Order?

No, pharmacists can dispense to any "eligible candidate" without a prescription.

Who Is An "Eligible Candidate"?

The standing order defines an eligible candidate as:

1. Individuals who voluntarily request naloxone and are at risk of experiencing an opiate-related overdose, including but not limited to:
 - Current illicit or non-medical opioid users or persons with a history of such use
 - Persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning
 - Persons with a high dose opioid prescription (>50 morphine mg equivalents per day)
 - Persons with an opioid prescription and known or suspected concurrent alcohol use
 - Persons from opioid detoxification and mandatory abstinence programs
 - Persons entering methadone maintenance treatment programs (for addiction or pain)
 - Persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction
 - Persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS
 - Persons who may have difficulty accessing emergency medical services, or
 - Persons enrolled in prescription lock-in programs
2. Persons who voluntarily request naloxone and are the family member or friend of a person at risk of experiencing an opiate-related overdose, or
3. Persons who voluntarily request naloxone and are in the position to assist a person at risk of experiencing an opiate related overdose.



What Can Be Dispensed? Are There Quantity Limits?

The standing order authorizes the following:

Route(s) of Administration	Intranasal (IN) Preferred Method		Intramuscular (IM) Inject Into Shoulder or Thigh
Medication and Required Device for Administration	Naloxone HCl 1 mg/mL Inj. 2x2 mL as pre-filled Luer-Lock syringes • Dispense two (2) doses Two (2) x Intranasal Mucosal Atomizing Devices (MAD 300)	NARCAN® x 4 mg/0.1 mL Nasal Spray • Dispense 1 x two-pack	Naloxone HCl 0.4 mg/mL Inj. • 2 X 1mL single dose vials (SDV) • 2 (two) 3 mL syringe • 2 (two) 25 G, 1 inch needle Naloxone HCl 2 mg/2mL Inj. • Dispense 2 (two) pre-filled syringes • 2 (two) 25 G, 1 inch needle
Directions for Use	Call 911. Spray 1 mL in each nostril. Repeat every three minutes as needed if no or minimal response.	Call 911. Administer a single spray of NARCAN® in one nostril. Repeat every three minutes as needed if no or minimal response.	Call 911. Inject the entire solution of the vial or pre-filled syringe IM in shoulder or thigh. Repeat every three minutes as needed if no or minimal response.

Refills may be dispensed as needed.

THE FULL TEXT OF THE STANDING ORDER WILL BE POSTED ON THE BOARD'S WEBSITE ON AUGUST 28th

Do I Have To Create A Prescription?

This is optional. Naloxone can either be dispensed under the standing order as a prescription or sold and documented as a distribution (e.g., by invoice or sales record). If dispensed as a prescription, a prescription record should be created with DHSS Director Dr. Randall Williams, M.D., as the authorizing physician and the patient identified as "Jane/John Doe" if the name is unknown.

What About Labeling?

If naloxone is dispensed as a prescription, a prescription label that complies with § 338.059, RSMo, must be attached. If naloxone is sold as a distribution, the Board recommends that pharmacies document the lot number, expiration date and the patient's name. However, the patient's name is not required to distribute naloxone if the patient refuses to provide one.

What About Patient Screening?

Pharmacists should confirm patients are eligible candidates under the standing order.

The Board has been asked if the patient's name or address is required before dispensing. Patients are not required to

give their name or address to purchase naloxone under the standing order. Additionally, DHSS and the Missouri Department of Mental Health have expressed concerns that patients may be discouraged from purchasing naloxone if they are asked for detailed personal data. Naloxone can save lives. Pharmacies are strongly encouraged to eliminate any unnecessary barriers or paperwork that might discourage citizens from seeking help.

What About Patient Education?

Each person dispensed naloxone under the standing order must receive education regarding overdose risk factors, signs of an overdose, overdose response steps and naloxone use. Educational materials are available at <http://mohopeproject.org/education>:

The Board's website also includes a [Naloxone Resource Center](#) that contains a variety of resources and educational materials, including:

- An [Opioid Safety and Naloxone Brochure](#) for Missouri patients and caregivers, and
- The [Opioid Overdose Prevention Toolkit](#) published by the United States Substance Abuse and Mental Health Services Administration (SAMHSA).



Do I Have to Notify the Board or DHSS After I Dispense Naloxone?

No.

What Records Do I Have to Keep?

The pharmacy should comply with all prescription record keeping requirements if naloxone is dispensed as a prescription. For other sales, the pharmacy must maintain a record of the sale that should include:

- The transaction date
- The product name, strength and dosage form
- Quantity

Sales/distribution records must be kept for two (2) years. Prescription records must be maintained for five (5) years.

Can I Bill Insurance or Medicaid?

The Missouri Department of Insurance has advised that each insurance plan is different and may contain different billing requirements. Licensees should contact the individual insurance company for eligibility/payment questions, the Board cannot provide billing or insurance advice.

MoHealthNet has advised the Board that prescriptions for naloxone may be billed to MoHealthNet for eligible enrollees.

Questions regarding MoHealthNet billing should be directed to MoHealthNet's Pharmacy Help desk at 800-392-8030.

Will The State Provide Naloxone For Patients?

The Missouri Department of Mental Health (DMH) is currently providing no-cost naloxone to substance use recovery settings, treatment providers, emergency responders, and community members through funding from two statewide grants (visit www.mohopeproject.org and www.missouriopioidstr.org to learn more). Many individuals may be able to obtain free naloxone through these programs, as well as through existing community naloxone distribution initiatives.

The State is currently reviewing the options for providing a limited naloxone inventory to Missouri pharmacies at no-cost, to be dispensed to individuals without means to otherwise pay for the medication. Sign up for the Board's e-alerts at: <https://public.govdelivery.com/accounts/MOIFP/subscribers/new?preferences=true> for future updates.

Questions?

Please e-mail the Board office at compliance@pr.mo.gov or contact your Inspector.

Naloxone Standing Order vs. Naloxone Physician Protocol

	NALOXONE PROTOCOL	NALOXONE STANDING ORDER
Additional Training/Certification Required	As required by protocol	NO
Board Notification/Certification Required	NO	NO
Prescriber/Authorizing Physician	Protocol Physician	Dr. Randall Williams, M.D. (DHSS Director)
Authorizing NPI #	Protocol Physician	Dr. Randall Williams, M.D.

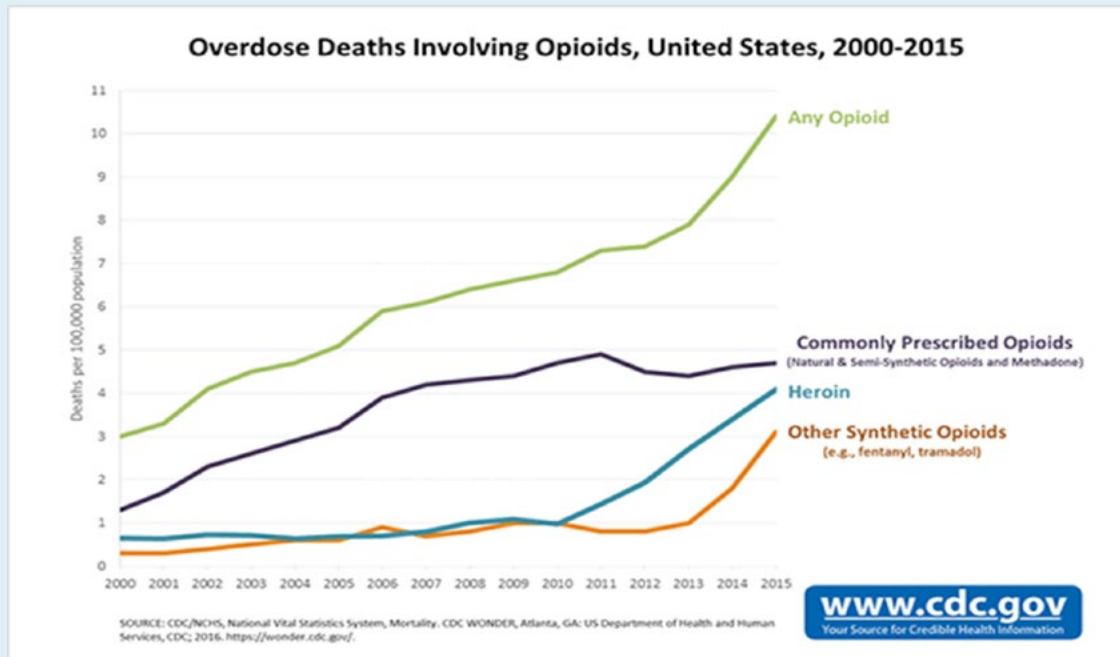


NALOXONE ACCESS - PHARMACISTS CALL TO ACTION FROM THE MISSOURI DEPARTMENT OF MENTAL HEALTH

(This information has been provided by the Missouri Department of Mental Health)

We are in the heart of an opioid overdose crisis in the United States (US) and community pharmacists are well positioned to have a powerful impact on the reduction of human lives lost. In 2015, there were 33,091 deaths from prescription and illicit opioids in the US (SAMHSA, 2015 National Survey on Drug Use and Health). In Missouri, there were 908 opioid-related deaths in 2016, with about 70% in eastern region of the state (DHSS, 2016, Bureau of Health Care Analysis and Data Dissemination).

overdose. It has been used by emergency medical services (EMS) and emergency department clinicians for over 40 years to save patient lives. The antidote is highly effective at reversing an overdose of heroin as well as prescription opioids, but it must be administered within minutes of an overdose. **It is essential that ALL patients who are at risk of experiencing or witnessing an opioid overdose have access to naloxone.**



Missouri is making headway in our efforts to combat the opioid overdose epidemic. Recently, the Missouri Department of Mental Health was awarded over \$10 million through the Missouri State Targeted Response (STR) to the Opioid Crisis grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant aims to address the opioid epidemic through prevention, treatment, and recovery support efforts. One major prevention goal is to increase access to overdose education and naloxone rescue therapy. Naloxone (Narcan®) is a competitive antagonist at opioid receptor sites with a primary purpose of reversing respiratory depression and death associated with an

Naloxone for take home use is most commonly prescribed and/or dispensed as a nasal spray or intramuscular (IM) delivery system. Missouri Medicaid currently provides coverage for the naloxone nasal spray (see image) as well as generic IM naloxone vials. Since August of 2016, pharmacists with a valid physician protocol are authorized to dispense naloxone without individual patient prescriptions. **As of August 28th, 2017, all Missouri pharmacies can dispense naloxone under a statewide standing order to any patient without an outside prescription.**

Despite positive legislative developments, many barriers still exist that prevent patients





from accessing naloxone directly from the pharmacy. Patients may be afraid to ask the pharmacist for naloxone, pharmacists may feel reluctant to approach the topic, and some pharmacies may miss a critical opportunity if they do not have the product in stock at the time of request. Improved and easier access to naloxone as well as substance use recovery resources are critical steps in the prevention of lives lost due to opioid overdose. Pharmacists are the most accessible and trusted healthcare professionals with a wealth of knowledge surrounding appropriate use of medications. For this reason, pharmacists are essential members of the team of providers tasked with addressing the opioid crisis. **All pharmacies in Missouri are encouraged to keep a naloxone product in stock at all times.** Pharmacists should also be prepared to counsel patients and their loved-ones and caregivers on opioid safety and how to use naloxone. To learn more about naloxone, there are several user-friendly online resources designed specifically for pharmacists and other healthcare providers:

- Naloxone Pharmacist Resource Center: <https://www.pharmacytimes.org/resource-center/opioid-overdose-rescue>
- Overdose Prevention Education:
 - Prescribe to Prevent: www.prescribetoprevent.org
 - Prevent to Protect: <http://prevent-protect.org/>
 - Harm Reduction Coalition: <http://www.harmreduction.org/>
- Substance Use Treatment Locator: <http://findtreatment.samhsa.gov> or call 1-800-662-HELP

For details on how to implement the naloxone standing order at your pharmacy, see the Missouri Board of Pharmacy regulations at: <http://www.pr.mo.gov/pharmacists-naloxone.asp>.



To receive FREE expert training on overdose education and naloxone dispensing for your staff through the Missouri State Targeted Response (STR) to the Opioid Crisis grant, contact Lauren Green at lauren.green@mimh.edu, Opioid Overdose Prevention Coordinator from the Missouri Institute of Mental Health.





DIFP



RULE REVIEW



**HELP US IMPROVE OUR REGULATIONS
WE WANT TO HEAR FROM YOU**

On January 10, 2017, Governor Greitens issued Executive Order 17-03 ordering each state agency to undertake a review of every regulation under its jurisdiction. Reviews will determine if specific regulations are ineffective, unnecessary, or unduly burdensome.

As part of the review process, the department is asking for comments on its existing rules. Please visit difp.mo.gov/rulereview to view the categories of rules for review and comment, and feel free to use the comment form multiple times to submit multiple comments on different rules.

These comments will be accepted on an ongoing basis, but our goal is to gather input by October 2, 2017.

We welcome your online comments and suggestions.

In addition, the department will hold a public hearing on its rules to allow taxpayers, citizens, businesses and customers of the department to identify rules that are ineffective, unnecessary, or unduly burdensome. Please join us in our effort to improve the department's regulations.

The public hearing will be held:



September 21

1:00 to 3:00 p.m.
Harry S Truman State Office Building
Room 490/492, 493/494
301 W High Street, Jefferson City, MO 65101



PDMP UPDATE

The Board has received the following information from the Missouri Department of Health and Senior Services (DHSS):

Governor Greitens has issued [Executive Order 17-18](#) Executive Order 17-18 which authorizes DHSS to “implement a multi-phase prescription drug monitoring program.” The Executive Order establishes 2 phases for implementing the PDMP:

- **Phase 1:** DHSS will enter into contracts with pharmacy benefit managers (PBM) to analyze prescriber and pharmacy prescription and dispensing data for Schedule II – IV controlled substances, including opioids. DHSS has indicated pharmacies will not be required to submit or report data to DHSS during Phase 1. Instead, DHSS will receive reports from the PBM of non-identifiable patient data that pharmacies are already submitting to the contracted PBM as part of the pharmacy’s normal insurance/billing process. *Note: This phase would only include data from pharmacies already reporting to the contracted PBM and not from all Missouri pharmacies.*
- **PHASE 2:** DHSS will promulgate rules to require dispensers to submit controlled substance prescription and dispensing information to DHSS or its designee for the purpose of identifying inappropriate controlled substance activity. Prescription and dispensing information would be confidential and could only be disclosed to the applicable patient or to other administrative or law enforcement agencies, as authorized by [§ 195.042](#), RSMo. DHSS will be drafting the required rules in the future. The Board will update licensees once additional information is available.

The Executive Order does not address PDMP programs that are currently operated by many of the local jurisdictions. DHSS is supportive of the local PDMP efforts and believes the two approaches will complement one another. Questions regarding the PDMP should be submitted to DHSS.

FLU SEASON IS AROUND THE CORNER

As a reminder, pharmacists that are immunizing by protocol must have:

- A valid and current protocol signed and dated by both the pharmacist and the authorizing physician, and
- A current Notification of Intent (NOI) on file with the Board.

Here’s the corrected sentence: NOIs must be renewed annually and can be submitted online at <https://renew.pr.mo.gov/pharmacy-notification-step1-pin.asp>.

Don’t know when your NOI expires? Expiration dates can be verified online by conducting a “Pharmacy Licensee Search” at <https://renew.pr.mo.gov/pharmacy-licensure-search.asp>.

Other reminders:

- Immunizing at multiple locations? Remember, your protocol must include each address where you will be immunizing.
- Pharmacists immunizing by protocol and administering medication by prescription order must file separate NOIs for both. See the Board’s website for more information.

LICENSING CORNER

- Pharmacy and drug distributor renewals have been mailed. All licenses must be renewed by October 31, 2017. Avoid delays and renew online.
- Address, name, pharmacist-in-charge and manager-in-charge changes cannot be submitted during the online renewal process. A paper application has to be submitted to the Board.
- The Board has once again decreased the pharmacy and drug distributor renewal fee to \$150. The Board continues to identify ways to operate more efficiently and will review additional fee decreases in the future.

COMPLIANCE TIPS

- The Board has recently reviewed cases involving technicians who were able to illegally change prescription records or inventory figures using a pharmacist’s computer credentials. In most of the instances, the supervising pharmacist either stepped away from a computer terminal without logging off or left their log-on credentials unattended. This is a significant diversion risk! Passwords or log-on information should be protected from unauthorized use at all times.
- The Board reviewed two cases where pharmacy staff members were allowed to take patient prescription and medical records home as part of their work duties. In one instance, the records were not secured in the pharmacist’s car or home and may have been



accessible to other individuals. Patient records must be stored and maintained in a manner that will prevent theft or unauthorized access at all times. This conduct may also be a HIPAA violation.

WHAT ABOUT TELEPHARMACY?

The Board office frequently receives questions asking if Missouri allows “tele-pharmacy.” Chapter 338, RSMo, Missouri law doesn’t define “tele-pharmacy” and use of the term may vary depending on the practice setting. However, [20 CSR 2220-6.055](#) allows pharmacists to electronically provide a variety of pharmacy services from within or outside of a pharmacy such as:

- Patient counseling
- Patient records/medical history reviews
- Drug utilization reviews
- Medication reconciliation;
- Pharmacy compliance audits
- Patient assessment/evaluation
- Billing and insurance reviews or submissions
- Prescription order entry/review
- Peer review/consultations
- Inventory management
- Patient referrals
- Medication therapy management**
- Drug/vaccine administration**

** As authorized by law

Currently, Missouri pharmacists cannot remotely supervise technicians or remotely perform final product/label verification, however, the Board is reviewing this issue. Licensees should monitor the Board’s website for additional updates.

SIGN-UP FOR THE BOARD’S E-ALERTS

Sign up for the Board’s e-alerts for updates on regulatory changes, disciplinary actions, technician disqualifications and HB 600 (tax) suspensions. Subscribe online at <https://public.govdelivery.com/accounts/MOIFP/subscribers/new?preferences=true>.

DISCIPLINARY ACTIONS

PHARMACISTS:

John C Deardeuff, #042037 St. Louis, MO. Probation for two (2) years. As staff pharmacist, misappropriated legend drugs from employer for personal use without a valid prescription, dispensed legend drugs to family members without a valid prescription and failed to maintain required dispensing records in the pharmacy’s record keeping system. Section 338.055.2 (5), (6), (13), and (15), RSMo.

Mark E. Haase, #040023, Blue Springs, MO. Voluntary surrender of license, and cannot reapply for five (5) years. Admitted to diversion of controlled substances from employer. Section 338.055.2 (5), (6), (13), (15), and (17) RSMo.

Shila Hoffman, #0043989, Bolivar, MO. Public Censure. As Pharmacist, administered vaccines per protocol without a valid protocol. Section 338.055.2(5), (6), (13), and (15), RSMo.

Cindy K. Kolkmeier, #2006009848, Morissville, MO. Probation for two (2) years. As pharmacist-in-charge, failed to provide adequate security for controlled substances, failed to maintain a valid Combat Methamphetamine Act self-certification, failed to conduct an annual controlled substance inventory, failed to maintain required policies and procedures and proper drug transfer records, compounded commercially available products, failed to offer patient counseling, failed to maintain immunization administration records, unsanitary conditions in the pharmacy and multiple controlled substance prescription violations. Section 338.055.2 (5), (6), (13), (15), and (16) RSMo.

Kyle D. Long, #2012022667 Savannah, MO. Public Censure. As Pharmacist, dispensed the wrong medication. Section 338.055.2(5) and (13), RSMo.

Philip A Lowrey, #045182 Columbia, MO. Voluntary surrender of license, and cannot reapply for seven (7) years. Admitted to diversion of controlled substances from employer. Pleaded guilty to a Class C felony of tampering with consumer products. Section 338.055.2(6), (15), and (17) RSMo.



PHARMACIES:

Caprock Pharmacy #2017028631, Lubbock, TX. Pharmacy permit issued on probation for two (2) years. Shipped prescriptions into Missouri without an active Missouri pharmacy permit. Section 338.055.1 and .2 (6) RSMo.

Downing Labs, #2017026657, Dallas, TX. Pharmacy permit issued on probation for three years. Disciplined in other states for reasons that, if occurring in Missouri would constitute grounds for discipline or denial. Entered into a consent agreement for a permanent injunction with the FDA alleging Downing manufactured and distributed misbranded, adulterated sterile products in violation of federal drug laws. 338.055.2(5), (6), and (13) RSMo Supp. 2001

Walgreens #03598, #005928, Kansas City, MO. Probation for three (3) years. Failure to maintain adequate security to deter theft of drugs and diversion of controlled substances. Section 338.055.2 (6) and (15), RSMo.

Walgreens #04212, #006322, Joplin, MO. Public Censure. Pharmacy failed to provide effective controls and procedures to guard against the theft of controlled substances. Section 338.055.2 (6) (15), RSMo.

Walgreens #04236, #006484, Independence, MO. Public Censure. Pharmacy failed to provide effective controls and procedures to guard against the theft of controlled substances. Section 338.055.2 (5), (6), and (15), RSMo.

DRUG DISTRIBUTORS:

Airgas USA LLC, #2016008710, Joplin, MO Pharmacy. Probation for two (2) years. Acted as a Wholesale drug distributor without an active Missouri drug distributor license. Section 338.055.2 (5), (6), (10), (12), and (13), RSMo.